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ABSTRACT

The paper describes the residential services provided by Washington County (Vermont) to people with developmental disabilities, especially "professional foster homes" and supervised apartments. The professional foster homes serve 40 clients with severe disabilities who live with families in the community. There are three support staff; respite care is available; and the professional parents have a network to help each other. Services are provided in the home or by generic local agencies. Clients who are children go to local schools. At least one of the "professional" parents in each home have some advanced education and experience in the human services. The professional parents are paid approximately $11,000 for each person they care for. The supported apartments have no more than two clients in each apartment. In some, a staff member stays overnight as a guest. The emphasis is on learning and practicing of community living skills and living a quality life. Also described is the Johnson State College Master's Degree Program which has been the source of many of the staff of the county's programs and the ties that many previous residents of Brandon State Training School, Vermont's large institution, maintain. (DB)

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IT'S A NICE PLACE TO LIVE: PROFESSIONAL FOSTER HOMES AND SUPERVISED APARTMENTS IN WASHINGTON COUNTY, VERMONT

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IT'S A NICE PLACE TO LIVE:

Professional Foster Homes and Supervised Apartments in Washington County, Vermont

by Robert Bogdan

Research and Training Center on Community Integration

Center On Human Policy

Syracuse University

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Introduction

Driving north on the interstate heading toward Montpelier and Barre, Vermont, someone like myself, who grew up in a huge city and now lives in a city with a greater metropolitan population of over 2,500,000, can't help but be struck by the beauty of the mountains and the miles and miles of forest and farms. Even the most urbanized person has to contemplate the notion that Vermont would be a wonderful place to live -- an area to settle down in and enjoy the serenity of the land and the peace of a less demanding lifestyle.

A real urban person, a "flatlander" in the local vernacular, about to visit these two cities which lie side by side nestled in the mountains, one the capital of the state and the other one of its larger metropolitan communities, would expect, as the word "city" implies, a real urban environment. This is not the case. The two cities combine to create a city which is more like a small town than a metropolis, more the flavor of the mountains than of urban sprawl. Of course, the local people, those families who have lived here for generations, don't see it that way. For them Montpelier and Barre are the city.

Nestled within these towns, integrated into the community, are residential services for people who are developmentally delayed. For people used to thinking about integrated residential services with the mindset of "real" urban America, understanding concepts like normalization and independence in this context is a challenge.

Washington County Mental Health Center

When I looked out the window of my motel room on my visit to the area two dimensions of the view competed for my attention -- to the right the mountains against sky, straight ahead a very large institutional like building complete with large smoke stacks. The building, the County Hospital, is incongruent with the environment. It sits high above the cities which are in the valley. In the shadow of the hospital, built with a similar architectual style, at apparently the same time -- recently -- but much smaller, is the building housing the offices of the Washington County Mental Health Center.

Approximately 15 years ago ago the mental health system in the state was organized into 10 centers one of which is the Washington County Center. Washington County, the area served by the center, consists of 21 towns and only 57,000 people. While they are heavily supported with state funds, and have almost a monopoly in providing certain state paid services, these centers are organized as private, non-profit corporations run by citizens' boards with an executive director and a professional staff, with each division of the center being coordinated by a director. The elderly, mentally ill, substance abuse, and child abuse are all included under the service, as are services to people who are developmentally disabled.

While the center's main offices are on the hill next to the hospital, the office that the Director of Services for the Developmentally Disabled spends most of his time at, and the main office for the Adult Developmental Disabilities Program in the City of Barre, is down the hill. The man who holds that position is a native

of Vermont who worked in western Massachusetts developing services for people with developmental disabilities at the height of the deinstitutionalization movement in that state. The bureacracy within Massachusetts and the frustration of working in such a large state, combined with the appeal of Vermont, led him to accept an offer to come work in Washington County.

Prior to the movement toward the mental health center concept, there were no services to support people with developmental disabilities living in the community, or more accurately, the very few services that did exist were provided through Brandon, the large state institution for the mentally retarded which is located some 50 miles south of Barre. Social workers from Brandon did some community outreach and Brandon ran some boarding houses, but other than this there were no community-based services provided throughout the state. The mental health centers began developing such services and this was accelerated when a class action suit was brought against the institution asserting the rights of developmentally disabled people to the "least restrictive" residential placement.

The director of developmental disabilities thinks that although there are some minor problems with the mental health center idea, it has worked very well for Washington County. He feels that the organization is small enough, and non-hierarchical enough so as not to loose track of the mission of serving the client. According to his perception the director of the center has a democratic leadership style and is readily available for consultation. The director of developmental disabilities has a

few people under him who run various aspects of the program but only a total of 100 developmentally disabled persons are served in all of the residential programs run under his jurisdiction. This seems quite small from the point of view of a person from New York although some are critical of the large size.

The director of developmental disabilities and the supervisors of the various programs feel that there is a movement in the state away from the center model toward more of a private vendor system. They fear this, thinking that the system is working well now and provides inexpensive, quality care. Although they agree that there are some aspects of service that need to be improved, they feel that moving toward a private vendor system will escalate costs and politicize the fund giving. They feel that the center provides an administrative unit that is small enough to manage effectively yet large enough to be efficient and innovative.

People in the center office have the perception that people in the state office of developmental disabilities, and others, are moving toward cutting back the centers. They have been accused of being too large, too top heavy, not innovative enough, a bureacracy almost out of hand. The people in Washington County feel that they have been effective in being the vanguard of developing quality services and that the moves they fear are more about power and politics than about improving the quality of life for people with developmentally disabilities. This imagined or real upcoming battle could be very demoralizing and counter-productive to progress in the state especially if it is a fight over who has

control rather than about quality services for people with developmental disablilities.

Program Models

Washington County Center was nominated for providing exemplary services for two of its residential models: the "professional foster homes" and the supervised apartments. These programs are described below but it should be kept in mind that they are not the only residential programs that the agency runs. There are three ICF/MR facilities with six clients in each and two group homes with approximately the same number of developmentally delayed persons. One of the ICF/MRs serves clients from New Hampshire who were described as aggressive, self-destructive, and as having severe behavior problems.

Senior agency staff describe the ICF/MRs and group homes as models that they would like to move away from but because of funding patterns and lack of alternatives they are stuck with it. Maintaining these programs is justified in terms of the placement being better than what the clients would have if they weren't there. With regard to the ICF/MR that serves people from New Hampshire, it was expressed that the clients would be institutionalized if it were not for the program.

Some agency staff are troubled by the compromises that have to be made. Although there isn't consensus on whether all group home like living arrangements should be done away with, one senior administrator described one of the facilities as an

illustration of the worst model possible. The clients tend to move around together as a group exacerbating each other's worst qualities. They were so demanding that the staff found it a strain to work there. It was used as an example of institutional patterns reoccurring in a facility that is physically in the community.

While the facility pointed out above was described as very poor there was another group home for older women that was working much better according to two program administrators. Here the dynamics were different. The residents knew and liked each other and formed a real support group. The staff enjoyed the residents and the residents and staff had developed a nice way of relating to each other. I did not observe any of the group living situations so what I am reporting is what I was told. I am repeating it here because I believe it provides examples of the compromises agencies have to make in order to continue to serve their clients. But it also illustrates the range of dissatisfaction with group homes. This agency does not defend the model as the preferred way of proceeding but sees certain benefits for particular clients in particular circumstances.

The chief administrator embraces a philosphy that in order to meet the needs of the individual client a wider range of kinds of living situations needs to be developed and that these should be developed to fit the client. Group homes and other such residences have limited value because, by their structure, they tend to provide institutional like living, but there can and are exceptions to that generalization and they should be encouraged.

Professional Parent Homes

The preferred models that the agency uses are those that were nominated as exemplary for site visits. The "professional foster homes program," also referred to as the "professional parents program" or "professional developmental homes," serves 40 clients who live with families in the community. The clients have severe disablities and range in age from 6 to 63 with a mean age of 16. Fifteen of the the 40 are adults. There are three support staff, a coordinator with a special education degree, a 3/4 time psychologist who provides consultant services to the parents, and a case manager. Respite is available and the professional parents have a network to help each other. All services are provided in the home or by generic local agencies. If the clients are children they go to the local school.

"Professional" in the title of the program refers to the level of training that the "parents" have. At least one of the adults must have an undergraduate degree with some graduate training, preferably in the human services, plus experience in education or the human services. While professional parents have on an average of 8.6 years of experience in related fields and master's degrees, the staff is flexible in picking placements. The parents are provided with individual consultation and supervision and other forms of support from the agency. Because the participants tend to be a close-knit group this support is often informal and natural. Participating families develop goals and objectives for the people living with them and emphasize the

teaching of community skills.

The definition of parent is flexible also. While most parents are husbands and wives living together with children, the criteria is flexible to include two single people of either sex living together. Because of the amount of work involved and the needs of the client there are no "professional homes" which are run by single persons, but there may be soon.

A few years back, when the program was starting, there seemed to be an endless supply of qualified, high quality parents to join the program. More recently, however, there are some thoughts that this might no longer be true. Many of the providers either work for the agency, with their spouse taking on major care responsibility, or are in some way related to the agency.

The first evening I was in Barre I visited the home of Marge and Tom Brenna. Tom had worked as an ICF supervisor in the New York City area a few years back and his wife Marge had been a teacher. The Brenna's came to northern Vermont in response to the recruitment campaign for the Johnson College master's program. Tom enrolled, completed his master's degree, and joined the staff of Washington County Mental Health Center working with programs for people with developmental disabilities. They have two young children of their own and are the "professional parents" of two severely handicapped children, Denise who is 14 and Brian who is 13. Brian is autistic and Denise, in addition to her intellectual functioning, has serious health problems.

Denise and Brian have been part of the Brenna family for three years. They are loved and are integral to the family. They

accompany family members as they go about doing what family members usually do. As good parents do, Tom and Marge carefully monitor the education and other human services their children receive. Marge picks up most of that responsibility driving to various appointments and seeing teachers and health care providers. Tom helps when he is home but the major responsibility for care is with her. Although the sentiment towards the foster children is clearly that "they are our children," there is also an element of what they are doing is employment. For each of the children that have become a part of their home they receive approximately $11,000 dollars tax free. The cost of taking care of two extra family members is substantial but with the added money Tom and Marge can make ends meet -- something they would be hard pressed to do on just his salary.

The Brenna's don't see themselves as just getting by. They work long days and are exhausted at night but they are living a radically different way than they lived a few years back in New York City. They are living a good life as they see it. Their children are growing up in a healthy atmosphere. They live in a wonderful Victorian house with a large porch, on a hill that overlooks Barre. While an outsider wonders how they did it, they have done extensive home improvements themselves. When the relatives from the city come up to visit they aren't exactly sure what to make of this change in the Brenna's life. To someone from Brooklyn, packing up to go to northern Vermont is like getting in a covered wagon and heading West. The Brenna's laugh at their

relatives' thinking that they are pioneers going to the wilderness. But there is enough New York City in them to chuckle at themselves too -- at times they see it the way their relatives do.

The morning after my visit to the Brenna's I went to the main office of the Washington County Center and said that the Brenna's were a terrific couple and really showed how the professional parent model worked, but a couple from New York City moving to Vermont was too atypical--I needed to see a more representative couple. I was quickly told that out-of-staters like the Brenna's were typical of those that were in the program.

While I was only able to observe the Brenna's I talked to other professional parents as well as the staff who worked with the program. I was very impressed. Two staff thought that the professional parent model or the developmental home model was, in many cases, superior to--that is, better for developmentally delayed people, even adults--most other forms of residential services. This is because when the person becomes part of a family and the family is part of the community, the client naturally makes contacts that integrate him or her into community life. In most other models the client can remain isolated within the agency rather than becoming truly part of the larger community. In addition, in professional parent arrangements the client is exposed to more appropriate models while having the benefits of consistent individualized attention. Another advantage of the professional parent model is that the home does not rely on agency services and thus can be located in a wider geographic area. The program works, I

was told, because it is very personal: the professional parents deal with the kids or adults in a personal way and the agency deals with the professional parent in a personal way. One issue is that permanence is not guaranteed in the program. The "professional parents" may want out. The average placement is currently three years. One person working for the program said that 40 placements was probably too many for them to handle but they had a tendency not to turn anyone away.

Many of the professional parents have backgrounds which prepare them for the responsibility of taking care of severely handicapped persons. Some have been through the master's program. There is no formal inservice provided by the support staff although some is planned. Most training is on a one-to-one basis around specific needs that the professional parents have.

Supported Apartments

In supported apartments, people with developmental disabilities, some severe, live in apartments dispersed throughout the Montpelier/Barre area. No more than two clients live in each apartment. There are two types of supported apartments. In one a staff person stays the night. In the other the clients sleep alone. In both cases the apartment is considered the client's with the staff and outsiders as guests. In the apartments that I visited, even where there were two bedrooms, the staff that slept over slept on pull out couches in the living room. The emphasis in the apartments is on learning and practicing of community living skills but this isn't all. The

staff are not just teachers. Goals for clients aren't just giving them skills, but to think of them having a good time, living a good life. Staff work at getting residents involved in different activities.

While this is so, and the staff see it as important, outside of people who are part of the agency, residents do not have a great deal of contact with community people. Many of their rounds of activities involve other clients or agency staff. Some of the residents in the supported apartments go each morning to the sheltered workshop that is run by the Washington County Center and is located in the same building in downtown Barre. While the professional parent and aspects of the supported apartment program are exemplary and progressive, the sheltered workshop is from another era of service delivery. There is a large number of developmentally disabled people congregated together in a large room doing sheltered workshop kinds of assignments. This placement does little to enhance the lives of the people in the residential programs although it does give them something to do, some place to go, each day.

There are more competitive vocational placements that residents of the supported apartments are involved in. There are janitorial work teams that travel to various commerical establishments doing regular clean up. These are real jobs which pay and which the participants look forward to. These seem to enhance their lives rather than detract from them.

One advantage of the supported apartments is that staff can change their level of involvement in residents' lives.

Without having to move, developmentally disabled adults can go from having a staff person staying with them for the night to being on their own. There is a dilemma between the desire not to "cluster" the apartments in one section of the town and the concern that people sleeping alone might have an accident or in other ways need help. In a number of situations two apartments are located in the same building. In one of the apartments a staff person stays overnight and in the other the residents stay alone. Because the staff is sleeping downstairs directly under the supposedly independent living situation--and there is an intercom hookup--the independent apartment is more like a simulation than for real. While the dignity of risk is understood by staff and administrators they are also very aware of their responsibility to the safety and well-being of the residents and what some unfortunate incident would mean for the program's reputation in the community. In some cases staff may be more cautious and protective of residents who live "alone" than of those who have staff spend the night. Here again is a case where the "least restrictive" environment, on paper, may not be. Since one of the objectives of the research project is to study clients who are severely and profoundly disabled, and since most people served in the supported apartment model who don't have a live-in staff person are moderately disabled, I visited only one such unit.

All the apartment situations I visited (four in all) were nothing fancy but nice. There was a hominess about them, with personal objects of the clients about, and the ordinary accoutments of daily living. They were all in the town within

easy walking distance to shops and friends. All were in older houses and although some of the outsides were in need of paint and repair the insides were newly painted and wall papered.

In each of the four apartments that I visited the woodwork was natural. I thought how symbolic this was of Vermont. When painted woodwork was the fad, people all over the United States people went to work covering their beautiful hardwood trim with trim paint. Vermonters weren't prone to such fads. Somehow this translates to the meaning of the programs for developmentally disabled that are established. If Vermont is developing them they can't be fads. In addition, the way these programs function seems to be very natural. That is, you go to some programs and there is so much self-consiousness about normalization and the other buzz words that the living arrangements seem fabricated, not a natural part of the environment. Here people seemed to get along, feel comfortable with each other -- developmentally disabled and typical people alike -- as well as do what they were doing without making a big deal about it. I appreciated that.

I met too many residents to get to know anyone very well. I had lunch with four clients and two staff at Jeff and Mike's apartment. Both men had Down's syndrome and were severely retarded. Although one barely spoke, and the other was extremely difficult to understand, we had an enjoyable lunch of chicken noodle soup, salad, and crackers. Jeff had made the soup. Everyone served themselves. Although for three of the residents this was a slow and awkward process, it was obvious that it was standard operating

procedure. Staff held back from helping. Although only one of the clients who I had lunch with could engage in anything close to a "normal" conversation, we all ate lunch and interacted in a way that no one was excluded. It was a pleasant experience and this was in part because one of the staff people, a person who could sign fluently, facilitated the interaction during lunch.

This apartment had a kitchen, living room, and dining room downstairs, and three bedrooms and a bath upstairs. I asked how the neighbors accepted the clients. I was told that they seemed to enjoy them. The kids in the neighborhood -- ages 8 through 18 -- knocked on the door and asked if Jeff and Mike could come out and play ball with them. There were no incidents of teasing or other forms of meanness.

Alison and Jan had lunch with us and later I went to visit them with a staff person at their apartment. Jan is a 44 year old woman who lived at her home with her parents until she was 16. She attended a private residential school for two years and then was admitted to Brandon State Training School, Vermont's large institution. There she remained for 14 years. In 1970 she had her first community placement. She has been in a number of group home community care home placements. She has been in the present program for four years. When she was tested leaving the institution she was labeled aggressive and had an estimated IQ below 40. She is quiet and calm. Her day, like her roommate's, starts with getting up at about 8:00. They have a leisurely morning of taking care of the daily living tasks and cooking a large dinner which they eat at mid day. At 1:30 a van comes to take them to the

job. They both work on a janitorial crew. They return home at about 8:00 in the evening. They remain unsupervised for an hour or so. During that time they make their lunch for the next day and then relax. They go to bed around 10:00. A staff person remains with them during the night.

Alison, Jan's roommate, was born with spina bifida and has a long history of seizures. She is 27 years old and was admitted to Brandon Training School at age 4. In 1972 she had a kidney removed. It was not until 1982 that she left Brandon for a community placement. Her first community placement was in a supported apartment with another women who had a personality that conflicts with Alison's. Alison speaks loudly and is domineering. She tells others who are with her what to do. Jan, being quiet and more laid back, accepts this more readily than Alison's earlier roommate.

Although Alison and Jan are far from the same age they get along well together and share interests. They go to the movies together and visit friends, most of whom are acquaintances of theirs from Brandon.

Jan gets a phone call once a month from her parents and they come to see her about four times a year. Twice a year there is an agency planning meeting for Jan and her parents come for that. Alison's parents on the other hand are very poor and live in an extremely rural area in eastern Vermont. They are old and it is difficult for them to make the trip so there had been very little contact. Alison's father recently died and the mother called to tell of the death. Although a staff person told her, it is unclear

whether Alison understands that he is dead and that she will never see him again.

Alison and Jan have very few contacts with the neighbors. They live in a small house next to the landlord. The rest of the neighborhood seems indifferent to their presence.

The Johnson State College Master's Degree Program

Many of the people who work in the residential program for developmentally disabled people in the Washington County Mental Health Center point to the high quality of the staff as one of the crucial reasons for why the programs are exemplary. Central to attracting high quality staff has been the master's degree program that the agency developed in conjunction with Johnson State College. This program allows staff to get a master's degree in Special Education while working full-time for the agency. The work for the agency serves as a supervised internship at the same time as it pays expenses. Faculty for the program, in addition to Johnson State regulars, are drawn from the agency. This provides perks for senior staff as well as a mechanism to be intellectually active and up on the latest trends in the field. The curriculum has a heavy dose of behaviorial management but also stresses deinstitutionalization and normalization philosophy.

A few years back the program drew people from out of state and had an enrollment of 60 student/workers. People were attracted through newspaper ads and word of mouth. More recently one of the senior staff has gone on recruitment trips. Most of the

people holding supervisory positions went through the program and have settled in the agency. I met two couples who took advantage of the program and moved from the New York City area up to Barre. Another, a person who oversees the supported apartment program, was working in Boston when she heard of the opportunity. The senior staff is now hard pressed to explain why, but the program is just not attracting the number or quality of applicants it attracted in the past. At present there are only six enrolled in the degree program, hardly enough to maintain it.

Staff

Due to the Johnson State program, a high percentage of the staff are people who came to the area to work in the program. Probably over one half of the staff are from out of state. Reasons that the senior staff give for not attracting staff at this time include the alternative employment prospects, a movement away from altruism and alternative lifestyle (the rise of "Yuppieism"), and the very poor salaries that staff are paid.

The salaries that staff are paid are very low. Many direct care workers receive around minimum wage and work by the hour. Supervisory personnel at the lower level start at $13,000 and that is with a master's degree. Because of the flat hierarchy in the organization there isn't much room for career advancement. Senior people see this as a major problem facing the organization --holding on to the high quality employees they have, and recruiting people of the same high quality they have now. Because of the shortage of quality staff the dedicated staff now employed work long weeks filling in slots that are empty because of

missing workers. Supervisory personnel do this without compensation.

Although these problems loom large, the spirit among the staff is high. Why? The staff like one another and like the agency. They feel it is a good place to work because the other workers are dedicated and the supervisors are decent, respectful people. In addition, at least at the supervisory level, they have all gone through the same training program at Johnson State and share some of the feelings of classmates. The area is also a nice place to live and they appreciate it. Those with children who used to live in the heavily urbanized northeast feel that the area is a good place to raise children and they are trading higher salaries for a better lifestyle. With two spouses working they can put together enough to own a house that they could not have afforded where they lived before because of the high real estate costs and, without too many luxuries, live a decent life. Those who are single have a similar view. The sacrifice of low salary is compensated for by the area and one other important factor.

The staff I spoke to and observed, almost without exception, had a deep like of the clients that were in the program. They mention attributes the residents have that they really enjoy. So and so has a great sense of humor. Another resident is so appreciative. A number of people spoke about how gratifying it was to see the clients learn and grow. A number spoke of how they felt that were really contributing to someone's

well-being in that the people they were working with were institutionalized through no fault of their own. One worker talked about the good feelings she had seeing someone progress from learning to turn the knob on the stove to making a cup of coffee that they drank and enjoyed. Staff told me that they felt that some of the residents were what they would call their real true friends. They cared about them and they trusted them. With other residents, they felt that they were in more of a parent role. One staff person, talked at length about the stages he went through getting to know a client. How at first you feel uncomfortable with them, how you have to go through them testing your authority, and then getting over that to acceptance and understanding on both parts. Some staff said that they loved some of the residents. When they came to work they looked forward to seeing their friends. Truly for some of the staff, working at Washington County Center is more than a job.

In their search for qualified staff what they look for is nothing very specific. They would like people with some experience but mostly they wanted people who had a genuine interest in developmentally disabled people -- who wanted to get to know them -- who were highly motivated, wanted to work and learn. A few years ago people like that came and the Johnson State program trained them. Now these people are, as one administrator put it, "The soul of the organization." The agency is at risk of losing its soul.

Normalization and Vermont

One of the issues that came up during my observations was

what normalization meant in Vermont. Some staff felt that the developmentally disabled people in some of the programs have life-styles which are much more active than many Vermonters. Natives tend to be isolated and autonomous by choice. Residents' life-styles seem to be a copy of the staffs' way of doing things, not something that was indigenous to the Vermonter. Further, programs for people with developmental disabilities in Vermont tended to congregate residents in the larger towns. With the state being so rural, the number of developmentally disabled people in cities was disproportionately high.

The Legacy of Brandon

Many of the people served by the residential program, at one time, lived in Brandon. Further many have been in other residential programs together. As the clients go about their daily rounds in Montpelier and Barre they see each other and recognize old friends. Some even share apartments with people they have known for years. The disproportionate number of developmentally disabled people in towns in Vermont promotes this. The staff realize the past ties and try to help the clients maintain them. Brandon is central to the experiences of ex-residents and the degree to which this tie should be actively maintained as part of the program is open to discussion. These ties seem to be important to the happiness of many clients. There is an irony here that needs to be thought through, not by just the people in Washington County Mental Health Center but by all people who are developing programs for ex-institutionalized people.

Independence and Least Restrictive Environments

Two of the senior staff in the program told me about a client, Sara, who was living alone in a supervised apartment but who had less independence than when she lived in what experts would call a more restrictive setting, a group home. Sara has extremely poor street crossing skills, so poor that to have her go out unsupervised would put her life in danger. They have called forth every method they know of to improve these skills but to no avail. Because of the danger involved Sara is confined much more to her residence than she was when she lived in the group home. The way the state thinks about it, one senior administrator said, was that if Sara was moved to a setting that in fact gave her more independence because there would be supervision, it would be seen that she had regressed, and they had failed.

I talked a good deal with people about the notions of independence and least restrictive environments. A number of people were very sensitive to contradictions and problems with how these terms are conventionally used in programing for developmentally delayed people. There is a tyranny in the concept of independence when it is thought of in terms of the American notion that a true adult should live independently, without the support and nurturing of others. This notion may be the American ideal, the child leaving home to strike out on his/her own, but it may be unhealthy and coercive to people, in general, and to developmentally delayed people, in particular.

The nature of the dependence may be more important to examine than where the person is on the continuum of completely dependent to completely independent. A person, for example, has a different dependency relationship when he or she lives at home as a five year old compared to when he or she lives at home when in the twenties. In farm families it was common for children to live at home. Husbands and wives lived with the husband's parents with the large family working together on the farm. Over time the nature of the dependence of the young on the old changed. Autonomy need not be the goal - healthy dependence, dependence in which the person is supported but encouraged to change and grow is laudable. Moving toward more autonomy for many clients, when the autonomy is thought of in the traditional way of independence, can be harmful to the client and lead to unhappiness or misery. Stability was as important to some clients as less restrictive environments. One staff person pointed out how this was particularly true with severe and profoundly disabled people. They were not very good at transferring what they learned in one environment to another. This supervisor and apparently others take this a step farther and do not program for clients using a "prepare for placement" approach. They put the client in the environment and they work on the skills they need, providing less supervision as they learn.

Human service workers like those in Washington County are under pressure to serve a notion of independence, a notion which is easy to measure and report in statistics, which may be outdated and dysfunctional. The enabling dependence should be

the goal. The values of independence and integration are what drives the system. Not that these are not important ideas, but in some case they can be used not to serve the client but to serve poorly understood assumptions.

Issues of the Future

Issues facing the agency have already been mentioned. The upcoming struggle over the way services are supported by the state and the recruiting and retaining of good staff are some. Others relate to funding. They want to move people out of group home living into more supervised apartments and other living arrangements, but they are somewhat more expensive and they cannot afford it unless something happens. The issues of developing a broader set of relationships for clients outside of those in the agency is another.